

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/598565

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3		3		/		
4		3		/		
5		0		/		
6		0		/		
7		0		/		
8		0		/		
9		0		/		
10		0		/		
11		0		/		
12	/		/			
13	/		/			
14	2		/			
15	2		/			
16	0		/			
17	0		/			
18	0		/			
19	0		/			
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50						
TOTAL IND.	2		2			
TOTAL DEP.	20	←	30	←		
TOTAL CLAIMS	28		22			

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						